FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 | |
|---------------|------------|--|
|---------------|------------|--|

| TATEMENT | OF CHANG | EC IN DEN | EEICIAI C | WILDS |
|----------|----------|-----------|-----------|-------|

| l | UMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | n |
| ĺ | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* STEWART JULIA A | | | | | 2. Issuer Name and Ticker or Trading Symbol Avery Dennison Corp [AVY] | | | | | | | | | | k all applica | Reporting Person ple) | | n(s) to Issuer 10% Owner | | |
|---|---|--|--|-----------------------|---|------------------|------------------------|--|--------|---------------|---------------------------|--|-----------------------|---|---|--|-------------------------------|--|------------------------------------|--|
| (Last) 207 GO | (F ODE AVEN | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/04/2019 | | | | | | | | Officer (g | give title | | Other (s below) | - 1 | | | |
| (Street) GLEND | | A. State) | 91203 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | ' | | | | | | |
| | | Т | able I - Nor | n-Deriva | tive S | ecu | rities | Acqu | uired, | Disp | ose | d of, or | Ben | eficially | Owned | | | | | |
| D. D | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Da if any (Month/Day/Y | | Date, Transa Code (| | | | curities Ao osed Of (D | | (A) or 3, 4 and 5) | 5. Amount Securities Beneficial Owned Fo | ly | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | e V A | | nount (A) or (D) | | Price | Reported Transactio (Instr. 3 ar | on(s) nd 4) | | | (Instr. 4) | |
| Common | Stock | | | 11/04/ | 2019 | | | | М | | 6, | ,318 | A | \$31.87 | 18,624 | | | D | | |
| Common | Stock | | | 11/04/ | 2019 | | | S | | 6,318 | | D | \$130 | 12,306 | | | D | | | |
| Common | Stock | | | | | | | | | | | | 5,680 | | | I ' | Trust | | | |
| | | | Table II - | Derivati (e.g., pເ | | | | | | | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code | saction (Instr. | 5. Number 6. Dat | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and | 7. Title a Securitie Derivativ 3 and 4) | s Unde | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exerc | isable | Expir Date | ation | Title | | unt or ber of es | | | | | | |
| 2012 Director Stock Option | \$31.87 ⁽¹⁾ | 11/04/2019 | | М | | | 6,318 | 04/26 | 5/2013 | 04/26 | /2022 | Common Stock | | 6,318 | \$0 | 0 | | D | | |
| Common Stock Units - DDECP | \$0 | | | | | | | 08/08 | 3/1988 | 08/08 | /1988 | Common Stock | 38,4 | 133.5339 | | 38,433.5 | 5339 | I | DDECP | |

Explanation of Responses:

1. Options are exercisable in three cumulative installments of one-third on the first, second and third anniversaries of the date of the grant.

/s/ Vikas Arora POA for Julia Stewart

11/05/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.